

**Commissioners** Marilyn Brown, President Paula Brooks John O'Grady

**Economic Development & Planning Department** James Schimmer, Director

Application Number:	
Date Filed:	
Staff:	

## Application Form

Application Lot Split / La	rge L	n ot Deve	lopm	ent					
Township:				Property Lo	ocation:				
PROPERTY Address:	:		7		Parcel ID N	o:			
City:			State	: 🕌	Zip:				
OWNER Name: Street Address:			Phon	e:		Cell: City:			
	State:		Zip:			Fax:			
AGENT For Owner:				Pho	ne Number:				
Agent's Address:					City/State/Zip				
In filing this a	pplication.	I acknowledge	that it ma	 y take more t	than seven days	s to review th	is request		
Owner/Applicant Signate Zoning:	ure:				Zoning	Date:	Variance		
Zonnig.				Re	equirements	Needed	Granted	Date	
Lot Size/s	Permitted	Prop	osed						
Residual Lot Size	Permitted	Prop	osed						
Lot Frontage/s	Permitted	Prop	osed						
Lot Geometry	Permitted	Prop	osed						
(depth to width ratio and ang	jie of side lo	t lines)							
WWTS: Well and S	eptic	eptic Approved by Board of Health Date							
Water and Sewer Approved b			y Sanita	ary Engine	er Date				
Access from County Road Approved by Co			-		r 📗 Date				
Access from State Ro	Approved by ODOT   Date								
Access from Township Road Approved I			•	-	Date				
Send To:	Board o	of Health 🔲	County Re	_	Soil _Wat	er Conserv	/ation Distri	ct 💻	
Zoning Authority 🗏	Ohio EP	Δ 🔳	Sanitar		ODOT				

(County Sewer)

(State Route)